North Dakota Department of Human Service Center

Division of Mental Health & Substance Abuse Services

Community – Based Sex Offender Treatment

RFP Number: 325-06-08-017

PRE-PROPOSAL CONFERENCE QUESTIONS & ANSWERS

Question #1
Are the offenders expected to pay entirely for the services or partial or co-pay or nothing?

Answer #1
The proposers should include in their design how they would approach this and rationale for either not charging the offenders or for charging the offenders. The approach would be included in the program design. There is a general opinion that there needs to be some financial responsibility on the part of the offender. Current practice in North Dakota is that clients are required to pay a fee in the Fargo region's program of $100 per month no matter what amount of services they receive. If they come into other programming with Southeast Human Service Center for an educational program, a flat fee of $350 is assessed. All clients pay a $100 assessment fee. There are times that clients do not have the money and are able to perform community service hours. The other human service centers in the state use a sliding fee scale.

Question #2
Is the intent that the program is supported entirely by fee for services with no management fee or funding beyond or does the state have additional funding?

Answer #2
The offerors need to include in their budgets the revenue anticipated from fee for service and operating costs to provide the program according to their program design. The state funding mechanisms will be in place to secure the program in the state with the successful offeror.

Question #3
The RFP does not mention the use of polygraph. Does the Department have any official position about its use or not use?

Answer #3
The offerors would include the use of polygraph if part of their proposed program design. In section 3, Scope of the Work, in the program design they need to describe the techniques and the parts of the program design including the supporting literature.

Question #4
There is mention of possible program space in all the locations. Is there more information and what does that space consist of, is it a group room or a couple offices?

Answer #4
There is space available in two of the Department of Correction and Rehabilitation district offices; one in Fargo and the other is in Jamestown. Barb Breiland, from DOCR, called every district office to find out if there was anything that was available (Bismarck, Dickinson, Minot, Grand Forks) and found that in some cases in the buildings where the probation office does rent space, there may be an additional vacant office. This additional office space is not in their contract but would have to be rented or leased by the offeror. Bismarck has an office space that would be in their building possible for rent or lease, as does Minot at the Law Enforcement Center. So in summary, the offerors can count on space to use in Jamestown and Fargo. The rest would have to be leased or rented by the offeror.

The cost proposals must include a budget with and without space included. The use of the DOCR space would not be administrative offices, it would be service space.

Question #5
There's mention of residential facilities. Please clarify if the RFP is referring to currently existing housing arrangements for offenders on parole or probation or exactly what that was.

Answer #5
This is a reference to the continuum of service and would be a clinical residential facility for individuals that would need that level of care during treatment. There is no current residential level of care available in the state. If offerors feel that that is an important piece in the continuum of services that they are proposing, that would then be included in their scope of work, their program design and their budget.

Question #6
It seems more and more evident that North Dakota is really wide open to some suggestions.

Answer #6
A framework is in place as noted in the program design, the treatment elements, collaboration elements and program and outcome reporting sections. The offerors are to set forth their program design and indicate the validity, set practices, etc. and propose to us what they would feel is the way to approach the need identified by the state. From there, the state will take a look at the proposals and choose the best one that fits.

Question #7
Housing has been brought up as an issue. In other states that's a huge issue and usually falls on the backs of the parole and probation folks to find housing. Is there a really serious need in the state that hence you might need some sort of a special residential arrangement?

Answer #7
First of all to clarify, we're not talking about housing in the RFP when referring to a clinical residential component. We are referring to clinical residential treatment.

But in terms of the housing, as defined as a place to live, housing has definitely been a problem in certain areas of the state. In the Fargo area, at times, because of a homeless sex offender living in the area and depending on the risk level and whether or not they've completed treatment or been involved in a treatment program then landlords might be willing to house them.

Centre, Inc, sometimes provides housing in Fargo with DOCR paying the cost. Centre, Inc. is a halfway house. It's a corporation that provides halfway houses in Bismarck, Fargo, and also a facility up in Grand Forks. They basically provide residential components for the state parolees in a treatment facility usually. We have state parolees there; we have several people that are pre-sentenced there. It's basically a lock-down type of facility or can be. They do provide chemical dependency treatment there plus other services. They are expanding in Fargo and are going to be doubling in size and also there is a portion of their facility that is devoted to or will be devoted to providing housing for homeless veterans.

The successful offeror will be working closely with the Department of Corrections & Rehabilitation on housing issues.

Question #8
Are there any folks coming out of the federal correctional system that would fall under this program or be eligible under this program?

Answer #8
The federal system would fall under a separate contract and is separate from this proposal. An offeror could potentially negotiate with the federal system, federal probation to provide counseling services for them. DOCR has one person that is a federal probationer in a treatment program in Fargo.
The North Dakota State Hospital identified one individual in their program that came from the federal system. The federal system now wants state civil commitment. It would likely be some form of dual type of supervision and so they could technically be on a commitment for which this would apply plus also some form of federal supervision for which it would apply.

Question #9
Are there private practitioners or community mental health centers that are now recognized as vendors for the state in providing this service? This question was asked to help assess the volume of folks that need these kinds of services and trying to be some economies of scale.

Answer #9
Statewide, they are few. There has been concern about their ability to work with this target group. There have been some situations where private providers are unwilling to work with individuals at higher risk or with significant psychopathology. There has been concern about the quality and professional ability of some of the individuals preparing to be treatment providers for this population.

Question #10
Please clarify on page 10, the term "program drift'.

Answer #10
Sex offender specific training or actually treatment is just that sex offender specific and program drift might be inclined to over time fall more into a general psycho- therapy or a general group therapy mode as opposed to a sex offender specific mode. Additionally, if you don't have quality program management in place, then you see that drift over time in any program and you have to be constantly looking at the quality and training of the staff to make sure that they are doing exactly what it says you are supposed to be doing.

Question #11
You're actually talking about a quality control mechanism.

Answer #11
That is what would prevent the drift.

Question #12
Are the other state sub departments also bidding on this or would these be folks that we could talk to directly in developing our proposal in terms of trying to work up a network of truly qualified people. Are these folks competitive or are these colleagues?

Answer #12
The successful proposer would be working with these individuals, after a contract is in place. ND is a state that has many public/private contracts. We can safely say that there would not be a state agency submitting a bid. The Department of Human Services provides sex offender treatment but for a population that is not covered in this RFP. Through conversations with the Department of Corrections and the Governor's office felt that it best to contract this out versus the state being the provider of this service. The Regional Human Service Centers work with vulnerable children and adults and it would make sense to have this program delivered in a different location. The offeror will not be in competition with other public providers, but the successful proposer absolutely works with the public sector, that would be the expectation.

Question #12
Is it possible to talk to DOCR and Regional Human Service Center staff regarding this proposal?

Answer #12
It would not be appropriate for proposers to call those involved in the pre-proposal conference or other state staff to prepare a proposal.

DOCR put together the appendix that showed the demand from their perspective, people that are coming out of the prison, people that are currently on parole and probation. This is as close as we can get at this point in time in trying to identify demand. Human Service Centers have a huge partnership with Corrections through Parole and Probations and their field staff. The State Hospital is the provider of inpatient sex offender treatment.

Question #13
How many are currently in the NDSH under the civil commitment law in ND?

Answer #13
47. The civil commitment law has been in effect since 1997.

Question #14
Please clarify the regional number in the attachment for DOCR.

Answer #14
Region I is Williston; Region II Minot; Region III Devils Lake; Region IV Grand Forks; Region V is Fargo; Region VI is Jamestown, Region VII is Bismarck and Region VIII is Dickinson. Bismarck and Fargo are the largest populated areas of the state. The State Hospital with the civil commitment program is in Jamestown; Grand Forks follows closely to Bismarck in terms of population, keeping in mind that our entire state has about 620,000 people.

Comment regarding DOCR.

The number of sex offenders supervised by parole and probation generally mirrors the number of sex offenders in prison. Currently there are 282 sex offenders in prison; we have about 280 sex offenders currently on supervision.

In ND you seldom see a sex offender paroled. This would occur only if they have successfully completed treatment in prison. We generally have split sentencing in ND, meaning that the person is sentenced to 10 years under the control and management of the Dept of Corrections with let's say 5 years suspended. Of course then we're looking at 5 years incarceration and 5 years on supervised probation. The conditions of supervision have just been adapted as of March of 2006 so we are trying to have standard conditions as supervision used by all judges in the state, some are a little more hesitant to use it but the conditions number about 45 conditions and about 20+ of those conditions are geared for sex offenders.

Question #15
It's not uncommon then that treatment is mandated for these folks, that you have that leverage?

Answer #15
It is up to the judge as to whether or not sex offender treatment is ordered.

Question #16
What is the current capacity for sex offender treatment inside the penitentiary? Where are prisoners most likely to come out of that are already treatment prepared or treatment started?

Answer #16
DOCR has two penitentiaries, one in Bismarck and one in Jamestown. Sex offender treatment is provided in the Bismarck facility (ND State Prison) and also provided in Jamestown (James

River Correctional Center). There is a correctional facility for women in New England but sex offender treatment is not offered there.

Question #17
Would offerors be allowed to talk to the correction folks about how many people they have and where? And how much treatment they've had already? It will make a difference on planning between beginners who've had no treatment and are entering the community versus folks that may have had a full year or more of reasonably intensive treatment in a correctional setting. You'd have different programs for the different groups.

Answer #17
The penitentiary has that information and this information is found in questions 19 – 21 of this document.

The state penitentiary has redesigned things so for those that have short stay for a year or little over a year, because of their orientation program, it takes approximately 3 or more months to complete, if a person has a short stay. They have previously not been in any treatment whatsoever but the treatment personnel at the pen have now structured treatment in a way so that they would at least get something but for those short timers they may only get an educational piece, not the sex offender specific group therapy treatment. For those the expectation is that the treatment be either continued or be a part of the program in the community.

Question #18
Can offerors contact staff providing sex offender treatment across the state without talking about money issues and simply finding out if they would be willing to participate in a statewide network of providers with a certain set of parameters around it? Such as community mental health centers?

Answer #18
No state operated agency such as the regional human service centers may be contacted for this RFP. Private providers may be contacted.

Question #19
Of the individuals identified in appendix B of the RFP, please indicate to the degree possible, the amount of treatment they will have had upon release.

Answer #19
The majority of the offenders will have had some intensive sex offender group therapy. The ones that would not have had this experience will fall into one of the following categories:

- The time they were sentenced to was too short for additional treatment
- They refused sex offender treatment
- They were staffed to non-compliance with sex offender treatment
- They were segregated due to their behavior or for their safety and were housed in an area were they were unable to get sex offender therapy

- The offender has “complete” sex offender treatment previously and has returned to NDSP for a non sex related offense
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Question #20
Electronic copy of the sex offender treatment program brochure at the prison

Answer #20
A copy of DOCR prison’s sex offender treatment program manual is included in this information. However, it should be noted that DOCR is currently updating this manual and there will be some changes to the practices and policies.

Question #21
Of those incarcerated and in need of sex offender treatment, how many, due to short stays, will not have any treatment? Also, are these individuals included in appendix B numbers?

Answer #21
The number of offenders that will not have had any opportunity for sex offender treatment has been low, maybe 2-5%.

Information regarding current staff providing sex offender treatment at regional human service centers – DHS.
25 staff at eight regional human service centers, which make up a total of 6.65 Full Time Equivalent positions – FTE’s statewide. Time spent in sex offender treatment ranges from 5% to 50% of their work time.

North Dakota Department of Corrections and Rehabilitation

Prisons Division

Sex Offender Program

(Revised October 25, 2004)

Table of Contents

Introduction

All inmates, including sex offenders (SOs), are required to comply with an evaluation and follow any treatment recommendations. With certain exceptions, refusal to be assessed or attend recommended treatment could result in loss of privileges.

Throughout this manual sex offenders will be described using male pronouns (he, him, his). This is due to the fact that the vast majority of inmates that are treated are male and according to DSM-IV "Except for Sexual Masochism, where the sex ratio is estimated to be 20 males for each female, the other Paraphilias[1] are almost never diagnosed in females, although some cases have been reported".

"Sex Offender" defined for the purpose of treatment

Inmates shall be identified as SOs if they are in any of the following categories:

1. Inmate is incarcerated for a sex offense[2]
2. Inmate is incarcerated for a probation or parole revocation, and the original sentence was for a sex crime **AND** the revocation is for sexual misbehavior wholly, or in part.
3. Inmate is incarcerated for a non-sexual crime, but has a conviction for a sex offense and has been at liberty[3] less than six years since the sex offense and before this incarceration. Failure to register as a SO is not considered a new sex offense, it is a technical violation.
4. Inmate is incarcerated for a non-sexual crime, BUT the original charge was for a sex offense and was dropped or reduced in a plea agreement.

When a SO is identified; their name, as well as other information, is placed in a database maintained by a treatment team member. This begins the assessment and gathering of information for each SO. The names are sent to the psychologist and the administrative assistants to begin working on the Sex Offender Assessment file.

[1] Paraphilia: "recurrent, intense sexually arousing fantasies, sexual urges, or behaviors generally involving 1) non-human objects, 2) the suffering of humiliation of oneself or one's partner, or 3) children or other non-consenting persons that occur over a period of at least 6 months" (*DSM-IV-TR).*

[2] "Sex offense": As defined by the North Dakota Century Code (NDCC)§12.1-20-03 through §12.1-20-08, sex offenses include gross sexual imposition, continuous sexual abuse of a child, corruption or solicitation of minors, luring minors by computer, sexual abuse of wards, sexual exploitation by therapist, sexual assault, fornication, incest, deviate sexual act, indecent exposure, and surreptitious intrusion. The sex offender program does not treat individuals that have only charges of adultery, unlawful cohabitation, bigamy, and transfer of bodily fluids which are all considered sex offenses according to the NDCC.

[3] "At liberty": Free from the constraints of an institution including: prison, jail, state hospital, or other correctional or restrictive institution.

Mission

The mission of the Sex Offender Program (SOP) is to provide treatment for incarcerated SOs in order to help them:

- Reduce their motivation to re-offend
- Correct the thoughts, attitudes and behaviors that contribute to their offenses
- Develop specific strategies and skills to prevent future offending and future victims
- Develop effective family and community support networks to reduce the risk of re-offending

Treatment Model

The SOP adopts a cognitive-behavioral approach to treatment (in a correctional setting) within a relapse prevention framework. That is, we believe that SOs' cognitions and beliefs support their criminal or deviant sexual behavior. The goal of treatment is for SOs to change their erroneous cognitions and beliefs and learn the skills necessary to prevent commission of future offenses.

Treatment involves describing each SO's sexual assault "cycle" and learning to recognize and/or terminate their cycle before their behavior leads to further victimization and/or another sexual offense. Carefully describing the offense-cycle behaviors also helps in monitoring the SO's risk in the community.

Program Structure

This SOP is only for the prison population, and is designed only for SOs who are cooperative and amenable to treatment. The SOP sequence begins with a full clinical assessment and a 12-week sex offender education class. Based on this assessment, each compliant SO is assigned to appropriate treatment components or phases. The continuum of care ranges from education only to the full complement of available treatment (see flowchart page 6).

The components and phases in which each SO participates depend upon their individually assessed needs. Upon discharge from the Prisons Division, they will often be referred to community resources, including parole and probation. The SOP structure specifies benchmarks[4] for each phase of treatment, but provides an open-ended structure for participants to progress through the treatment sequence. In addition, the SOP includes work with relapse prevention, mental health, education, individual and group counseling, and a family component.

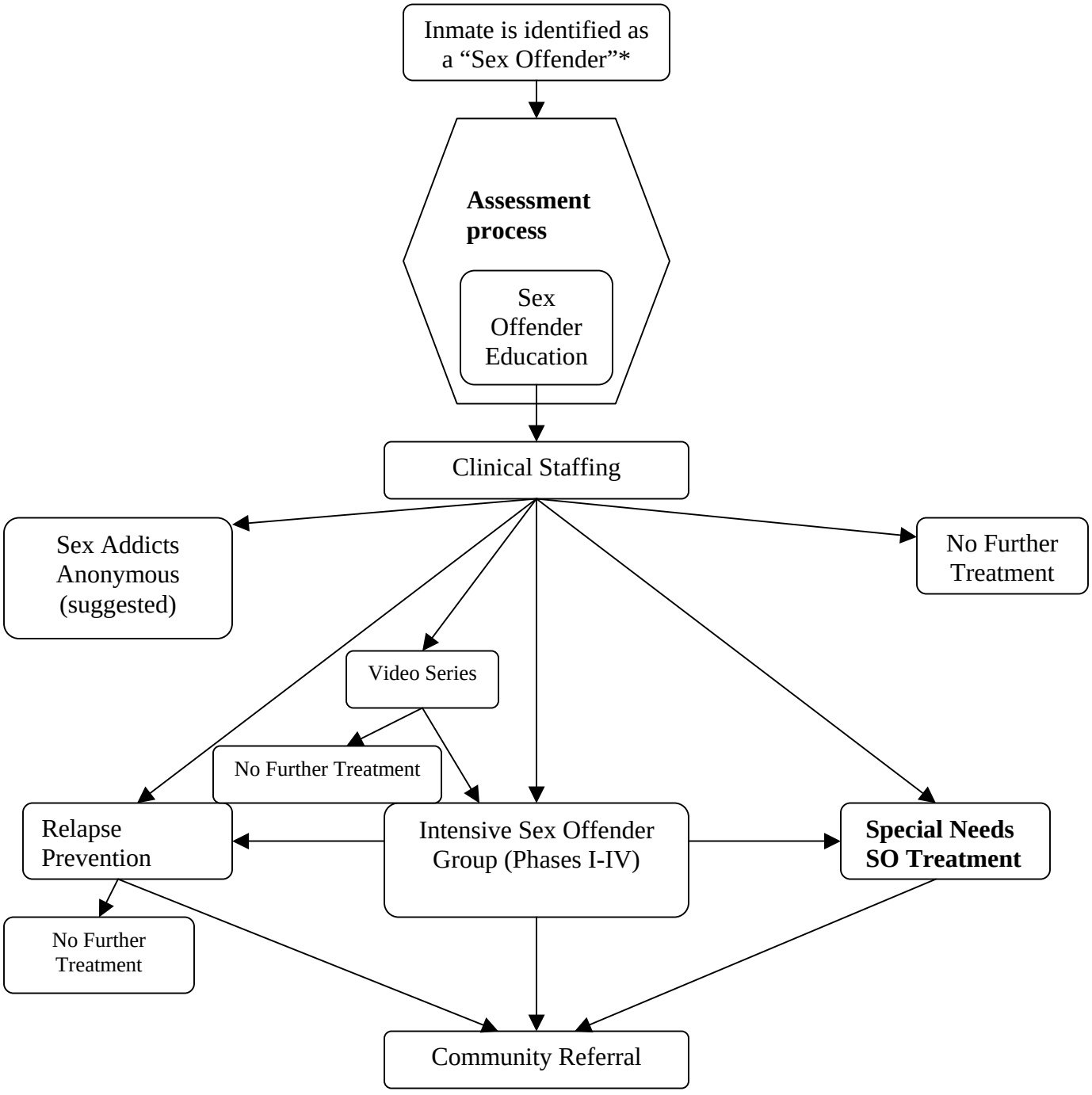
Program duration depends upon assessed needs, pathology, diagnoses, individual progress, level of accountability, and motivation. A staff of therapists and a psychologist conduct treatment. Contracting psychiatrists are available for consultation. Department and staff resources may require that priority be given to SOs with shorter sentences. Treatment involvement also depends on the SO's institutional behavior.

If a SO refuses assessment or recommended treatment he

- May be denied privileges
- May be subject to a reduction or loss of privileges
- May be restricted from a specific lower security or custody placement
- Will be reported as non-compliant to the States Attorney from the sentencing county, if court-ordered to treatment.

[4] "Benchmarks": a point of reference that serves as a standard which others may use as a basis for evaluation or comparison (See following section)

SOP Flowchart



***Written Guidelines are used for admission and "benchmarks" for continuing treatment or removal from treatment for lack of progress.**

SOP "Benchmarks"

"Benchmarks" are used in the SOP to assess progress, justify continuing treatment, and communicate what the SO has achieved in his treatment. The level of expected progress for each benchmark varies according to the treatment component or phase in which he is involved (see appendix C). The benchmarks are summarized below in the order in which they are generally expected to be achieved:

- Accepting responsibility for one's sexual misbehavior
- Admitting guilt for one's sexual offense
- Completing the sex offender assessment (SOA)
- Identifying effects of their sexual misbehavior on victims
- Identifying justifications of deviant behavior
- Maintaining stable institutional behavior
- Personalizing information exposed to in treatment
- Accepting responsibility for sexual deviance
- Developing an understanding of the dynamics of deviant behavior
- Identifying one's deviant "cycle" (pattern)
- Making restitution
- Planning to prevent "relapse" to deviant behavior

"Completion"/"Failure"

It is possible for an SO to complete all phases of SOP while incarcerated, but SOs do not "complete" or "fail" treatment. SOs' progress is described in terms of the benchmarks they achieve rather than as having "completed" treatment. This recognizes the reality that many SOs will likely need to manage their deviance lifelong and are not "cured". It also allows for more useful descriptions of SOs' progress and needs when they are referred to community providers or others. Again as noted earlier, some SOs' treatments may only include SOE, while for others ISO or other programming is recommended.

Reasons for expulsion

An SO can be expelled from programming at any time. Some examples of reasons an SO may be expelled include but are not limited to the following:

- Failure to progress (per Benchmarks)
- Refusal to participate (self removal)
- Violation of confidentiality rules
- Violation of treatment agreement[5], treatment plan[6] and/or treatment guidelines

Consequences of expulsion

As a consequence of expulsion from the program, the SO may be subject to institutional consequences including:

- Restriction of privileges
- Loss of time toward performance based sentence reduction ("good time")
- If court ordered, possible revocation of probation

[5] "Treatment Agreement": Highlights the guidelines and expectations directed toward specific programming. SO is expected to sign this agreement prior to beginning each component of programming.

[6] "Treatment Plan": A document containing the SO's problem that is being addressed through programming, the goals of programming, and the methods by which these goals are intended to be met. The treatment plan is approved by staff members and signed by the SO.

Visitation policy

In accordance with DOCR visitation policy for SOs assigned to the SOP: SOs with victims under 18 years of age are restricted from visits with all minors until approved by the Treatment Department Staff and the Chief of Security. Recommendations are determined in a clinical staffing[7]. The visitation restriction may be modified in any manner, which does not violate a court order, as the treatment team comes to know the SO. Areas of review that are considered when lifting visitation restrictions for SOs are:

- Institutional Behavior
- Treatment involvement
- Court orders
- Relationship with child visitor
- Written permission from the legal guardian of the children and assurance that the legal guardian is aware of the SO's offending behavior(s).
- Grooming behavior
- Historical victim preference

Per the Inmate Handbook (pg 43)

- Any inmate convicted of a crime against a minor (i.e. sexual or physical) will not be able to visit anyone under the age of 18, regardless of relationship, until their request has been reviewed by treatment department staff and visitation approved by the Chief of Security.
- If there is a "no contact order" of any kind that prohibits contact between the inmate and the person requesting to visit, the request will be denied. Contact will be allowed only when the order has been vacated and the contact approved, as above.

Post-release

A continuum of care is provided through a referral to the Human Service Center or other providers in the region in which the SO resides. The provider determines the aftercare or continuing care structure. A SO's Parole/Probation Officer monitors compliance with the community-based treatment.

[7] "Clinical staffing": A staff meeting made up of a supervisor, at least one other experienced professional, and the SO's primary counselor. The purpose of a clinical staffing is to review the progress, the lack or progress, level of difficulty in working with the SO, and to get input from other treatment team members. In clinical staffing the primary counselor is able to receive supervision regarding direction, technique, approach, feedback, and review individual treatment plans and treatment progress.

Sex Offender Program Components and Phases

Sex Offender Assessment (SOA)

SOs are identified in initial classification at NDSP. Classification typically includes an Addiction Severity Index (ASI) assessment, the Levels of Severity Index-Revised (LSI-R) assessment, a review of legal records, and the gathering of other pertinent historical information. The treatment team conducts an extensive Sex Offender Assessment *(*SOA), which consists of the Sex Offender Education Class (SOE), a psychological evaluation, and further information gathering. The assessment is reviewed by the treatment team to determine appropriate recommendations. SOs, who have been treated here or elsewhere, will not be referred to SOE if they have no subsequent sex offenses and the treatment team verifies the past treatment and recommends no further treatment. Individual treatment plans are not needed for the evaluation portion of SOA.

1. **As part of SOA a** clinical psychologist performs a psychological evaluation with each SO**. The psychologist gathers the following information:**
    - **Psychological, sexual, and social assessment with emphasis on the SO's sexual history**
    - **A review of present and past legal sanctions, including collateral data**
    - **Intelligence testing if deemed appropriate and a review of information regarding intellectual/cognitive functioning.**
    - **Age and relationship of victim(s), releases to previous service providers, and requests for collateral information, as appropriate**
    - **The completed pre-sentence investigation (PSI)**
    - **Other appropriate data for future use**
    - **A variety of psychometrics are utilized (see appendix A for those currently in use).**
    - **A signed SOA Treatment Agreement prior to any testing. Individual Treatment Plans (ITPs) are** <u>not</u> **needed for the evaluation portion of SOA.**
    - **If appropriate, a DSM-*IV-TR*[8] diagnosis is given by the psychologist, after the aforementioned information is gathered.**

[8] DSM-IV-TR: *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000.

2. Sex Offender Education Class (SOE)

SOE is a 12-13 week, closed-ended series that covers topics such as sexual education, manipulation, the sexual assault cycle, victim empathy, family roles, cognitive distortions, sexual autobiography, sexual addiction, depression, grief, guilt, shame, victimization, relationships, offending and interpersonal boundaries, information on 12-Step Programs, and information about Paraphilias and other disorders. In addition to education, SOE also prepares SOs for intensive group-based treatment. The following are the guidelines for this stage of programming:

- Educate on confidentiality, mandatory-reporting issues, and the expectations as well as what they can expect the treatment department to provide.
- If a SO refuses SOE he also refusing the assessment process. He will then need to be reviewed in a clinical staffing and receive an incident report for noncompliance with treatment recommendations.
- The minimum expectation is that the SO attends all sessions, completes all required assignments, and meets the required benchmarks.
- Being found guilty of a Class A incident report is sufficient grounds for dismissal.
- Conduct must not disrupt the orderly running of the class setting.
- Behavior and conduct shows respect for staff and others. This is in the judgment of the treatment team.
- All assignments must be in and accepted by the second to last session of the class.
- Pre and Post Tests are completed.
- Workbooks are used throughout SOE (see appendix A for printed materials currently in use).
- Rating of Accountability forms (see appendix B) are completed as directed by a treatment team member at the beginning and end of SOE.
- Tutor/Mentor services are made available to those identified as being in need of assistance.
- Sponsors are provided for the SAA self-help program and other self-help programs
- An individual treatment plan (ITP) is created for each SO at the beginning of SOE. At three weeks prior to the close of SOE a mandatory clinical staffing is needed for all SOs remaining in the program. At any time prior to this clinical staffing, if a SO becomes problematic or difficulties arise, a Treatment Plan Review (TPR) should be conducted.
- A Multiphasic Sex Inventory (MSI) is completed at the end of SOE

Benchmarks for SOE

A score of zero (0) must be obtained, on each of the following, by the end of SOE to remain compliant with treatment and move on to ISO Phase I or other treatment components.

	Accepting Responsibility for Sexual Misbehavior
-2	Denies crime and sexual misbehavior
-1	Minimizes crime and sexual misbehavior
0	Owns crimes and sexual misbehavior
+1	Is accepting accountability for crime and sexual misbehavior
+2	Is accepting accountability for crime and sexual misbehavior and is identifying a pattern

	Admitting Guilt
-2	Insists on innocence
-1	Admits some part of crime but attributes to victim or rationalized the nature of the deed
0	Admits guilt
+1	Admits guilt and exonerates the victim
+2	Admits guilt for offense and other offenses. Exonerates victim, recognizes deviant motivation.

	Psychological Evaluation
-2	Refused to participate in the evaluation with the psychologist
-1	Was resistant to disclose information or was dishonest during the evaluation with the psychologist
0	Completed the evaluation with the psychologist
+1	Was cooperative and willing to disclose information about themselves during the evaluation process with the psychologist
+2	Was cooperative, willing to disclose information about themselves, and willing to sign releases of information during the evaluation process with the psychologist

SOs who are **continuing with programming** and are referred to the Intensive Sex Offender Program (ISO), will typically need to meet at least one of the following:

- Paraphilic diagnosis (*DSM-IV-TR)* and recent (last 6 years at liberty) sexual misbehavior (may include Class A sexual incident reports while incarcerated).
- Repeated sex offenses and recent (last 6 years at liberty) sexual misbehavior.
- Sex crimes involving sexual contact with pre-pubescent minors, violence/threat/rape/other forms of coerced sexual contacts and heinous sex crimes.
- "Sexual Addiction", e.g. "compulsive" or repetitive sexual behaviors urges, or fantasies that cause problems for the SO or others.

SOs who **do not** go on to ISO should not meet any of the above criteria and should be identified by one or more of the following:

- There are individuals who are not amenable to treatment, including those who have been diagnosed with Antisocial Personality disorder[9] (*DSM-IV-TR)* and/or as "psychopaths" and whose personality disorder is judged severe enough to render the treatment unlikely to be productive.
- Only victim is a non-coerced age-peer. (Example: A 17-year-old victim with a 19 year-old perpetrator that may have been in a relationship and no force was used).
- SO is in need of Special Needs Treatment or the Special Assistance Unit (SAU).
- Single sexual offense and does not meet the above criteria for ISO inclusion.
- Only sex offense is criminal but not considered "deviant" sexual behavior (e.g. cohabitation).

[9] Antisocial Personality Disorder: "There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following: 1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest; 2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure; 3) impulsivity or failure to plan ahead; 4) irritability and aggressiveness, as indicated by repeated physical fights or assaults; 5) reckless disregard for safety of self or others; 6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations; 7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another. Individual must be at least 18 years of age, have evidence of conduct disorder with onset before age 15, and the occurrence of antisocial behavior is not exclusively during the course of schizophrenia or a manic episode" (*DSM-IV-TR).*

Video Education Series

Candidates for ISO treatment may attend up to 163 hours of educational videos addressing all aspects of SO treatment. This is an open-ended educational series addressing addiction, victimization, relationships, abuse, etc. It is designed primarily for the SOs that have completed SOE and are waiting for an opening in ISO group. The minimum expectations are attendance twice weekly and the submission of written assignments as required. The SO may not complete the series if he is moved into another phase of treatment prior to the completion of the 163 hours. A treatment plan is required for this phase, with reviews every 2 months.

Intensive Sex Offender Group (ISO)

Participants progress through group-based treatment in 4 phases. The following are the guidelines for ISO:

- Minimum expectation is that the SO attends all sessions and completes all required assignments.
- Being found guilty of a Class A Incident Report may be sufficient grounds for dismissal.
- Conduct must not disrupt the orderly running of the group setting.
- Behavior and conduct is respectful of staff and others. This is in the judgment of the treatment team.
- All assignments must be presented in a group setting and accepted by the facilitator of the group.
- Rating of Accountability forms (see Appendix B) and a MSI are completed after each phase, as directed by a treatment team member.
- Potential sponsors for the Sex Addicts Anonymous (SAA) self help program and other self help programs are identified by the treatment team as required
- Educate on confidentiality, mandatory-reporting issues, and SO expectations as well as what they can expect the treatment department to provide.
- Each SO must attend twice-yearly family workshops and initiate inviting family and other support persons to this workshop as approved by the treatment team member.
- An Individual Treatment Plan (ITP) needs to be developed with reviews every 6 months.

Intensive Sex Offender Group Phase I

Phase I focuses on admitting guilt, accepting responsibility for the criminal sexual behavior, recognizing effects on victims, addressing "justifications" of the misbehavior, personalizing the issues/behaviors discussed and maintaining acceptable institutional behavior.

Benchmarks for ISO Phase I

A score of +1 must be met for the benchmarks of admitting guilt and accepting responsibility for sexual crime and a 0 must be obtained on the benchmarks below by the end of 6 months to continue in the program. A score of +1 for all benchmarks must be met by the close of 13 months of total programming to remain compliant with treatment and move on to Phase II.

	An Understanding of the Effects They May Have Had on Their Victims
-2	Denies that their sexually offending actions have affected the victims
-1	Minimizes that sexually offending has affects on their victims
0	Is able to identify that their sexually offending behaviors have affected their victims
+1	Is able to identify short and long term effects their sexually offending behaviors may have caused their victims
+2	Is able to identify short and long term effects, trauma and specific events that may be affected by their victims due to their sexually offending behavior

	Being Able to Identify Justifications
-2	Denies that their beliefs and cognitions justify and support their deviant behavior
-1	Demonstrates some awareness that their beliefs and cognitions justify and support their behavior but does not accept confrontation of such beliefs or demonstrate any changes in these areas in their written work or behavior.
0	Is accepting of confrontation regarding the ways s/he has been justifying his behaviors and is demonstrating such awareness through written work and behavior.
+1	Is specifically identifying his justifications and is demonstrating attempts to make cognitive changes through his written work
+2	Specifically identifies the erroneous beliefs that have justified and supported his deviant behavior and exhibits changes in these cognitions in his written work and behavior in treatment and population.

	Stable Institutional Behavior
-2	Has been found guilty of a violent Class A incident report
-1	Has been found guilty of a nonviolent Class A incident report
0	Has remained free of Class A incident reports, but received a Class B incident report
+1	Has remained free of Class A and Class B incident reports, but has been given written warnings
+2	Has remained free of Class A and B incident reports as well as written warnings

	Personalizing Information Exposed to
-2	Refuses to personalize any information that he is exposed to
-1	Personalizes minimal information he is exposed to by using justifications or rationalizations and blaming others for his behavior
0	Personalizes non-threatening (general) information and avoids shameful personalizing of thoughts, feelings, and behaviors
+1	Personalizes information he is exposed to and is able to demonstrate an awareness (through assignments) of how this knowledge has effected his choices in life
+2	Identifies and personalizes the information he is exposed to above the expectations of this phase in treatment

Intensive Sex Offender Group Phase II

Phase II continues the work completed in Phase I and adds a focus on taking responsibility for one's sexual deviance/deviant behavior.

Benchmarks for ISO Phase II

By 22 months of total programming, the SO must score a +1 on the benchmarks of accepting responsibility for sexual deviance, admitting guilt, and accepting responsibility for crime, and score a +2 for the benchmarks effects on victim, justifications, institutional behavior, and personalizing must be obtained to remain compliant with treatment and move on to Phase III.

	Accepting Responsibility for Sexual Deviance
-2	Admits crime, but blames it on seduction or claims behavior was not deviant
-1	Admits guilt but attributes it to alcohol, drugs or claims it was one-time occurrence
0	Accepts responsibility
+1	Accepts responsibility, recognizes need for help and shows victim empathy
+2	Accepts responsibility, recognizes need for help, understands dynamics without placing blame, demonstrates empathy

Intensive Sex Offender Group Phase III

Phase III continues the work of Phases I and II and adds a focus upon understanding/recognizing the dynamics of one's deviant behavior and the pattern or "Cycle" of such behavior.

Benchmarks for ISO Phase III

A score of +1 on the benchmarks below must be obtained by the end of 29 months and a +2 is required on all Phase I and Phase II benchmarks to remain compliant with treatment and move on to Phase IV.

	Understanding personal dynamics of deviant behavior
-2	Minimizes dynamics of deviance, denies importance of personal and family history
-1	Describes dynamics of deviant behavior but is unable to personalize them
0	Generally understands dynamics of deviant behavior
+1	Recognizes and understands dynamics of deviant behavior
+2	Independently identifies dynamics of deviant behavior and works to manage/overcome them in their behavior in group and population

	Identifying personal sexual assault "cycle"
-2	Denies crime precursors
-1	Unable to identify cycle
0	Identifies cycle
+1	Identifies cycle and begins to develop coping skills
+2	Identifies cycle and uses coping strategies

Intensive Sex Offender Group Phase IV

Phase IV continues the work of preceding phases and adds a focus on relapse prevention and restitution.

Benchmarks for ISO Phase IV

A score of 0 for making restitution, a score of +1 for relapse prevention, and a +2 for Phase I, Phase II and Phase III benchmarks must be obtained by the end of 37 months to be considered treatment compliant and as having met the goals and objectives of this program.

	Making restitution
-2	Refuses to make restitution
-1	Minimizes ability to make restitution
0	Makes some type of restitution
+1	Makes restitution; empathizes
+2	Makes restitution and demonstrates empathy in a variety of ways

	Relapse prevention
-2	Denies it will ever happen again
-1	Admits that he may offend again but does not have a plan in place to address the risk
0	Has identified a relapse prevention plan, however it is generalized and not specific to SO
+1	Is able to identify high-risk situations and factors and has a plan to address them
+2	Has a very specific and personal relapse prevention plan

SO Maintenance Group

This component is a self-motivated and self-driven group that is monitored by the treatment team. The SO works out of a workbook (Appendix A) that assists him with self-discovery assignments and prepares him for release into the community. This component is individualized depending on the SO's relapse needs.

Special Needs Sex Offender Component

The SOs that are cognitively or otherwise unable to meet the expectations of the ISO groups may be offered the Special Needs Sex Offender Program (SSN). For these individuals, the therapy is structured to their needs. This may include individual counseling, or other specialized programming. The objectives of this treatment follows the "benchmark" expectations of inmates in ISO to the extent possible, but with timelines open or modified to fit individual needs.

Sex Addicts Anonymous

Sex Addicts Anonymous (SAA) is a group of two or more individuals who – using the Twelve Steps and Twelve Traditions of SAA – meet together regularly for the purpose of controlling their compulsive sexual behavior. An SAA group is self-supporting, and is not affiliated with any other organization. A SAA meeting is a safe place. It is a gathering of equals who keep confidences, refrain from judgment and who support one another through sharing their experiences, strength and hope in seeking the common goal of controlling their sexual addiction. Participants in SAA do not necessarily have to be SOs.

Legal Issues and Requirements

Legislation and Registration

In 1991, legislation was passed requiring SOs to register with the state. The current registration laws can be found in section 12.1-32-15 of the North Dakota Century Code.

The Department of Corrections and Rehabilitation is required to:

- Notify an individual, prior to release, of his duty to register.
- Require the individual to acknowledge the notice by signing a form required by the Attorney General.
- Obtain, for inclusion on the form, the address where the individual intends to reside, attend school, or work.
- Report the addresses by sending the form to the Attorney General no later than 45 days before the scheduled release.

Thirty days before the discharge, the Attorney General forwards the form to local law enforcement where the individual intends to reside, the prosecutor who prosecuted the individual, and the court in which the individual was prosecuted.

Prior to the release of an individual who is required to register, the department provides any relevant information to the appropriate law enforcement agencies. If a law enforcement agency determines that a registered individual is a public risk, the agency must disclose to the public any information considered necessary for public protection.

Commitment of Sexually Dangerous Individuals

Since 1997, legislation has existed that allows any county States Attorney to file a petition for civil commitment in the district court alleging that an individual is a sexually dangerous individual. The petition must state sufficient facts for the allegation. After the petition has been filed, the procedure involves:

1. A preliminary hearing to establish probable cause.
2. An evaluation of the individual conducted by one or more experts chosen by the Executive Director of the Department of Human Services.
3. A commitment proceeding. An individual cannot be committed unless at least 2 experts have concluded that the individual has a congenital or acquired condition that is manifested by a sexual disorder, a personality disorder, or other mental disorder or dysfunction that makes that individual likely to engage in further sexually predatory acts.

An individual found to be sexually dangerous is committed to the care, custody, and control of the Executive Director of the Department of Human Services.

In response to the previously mentioned legislation, the North Dakota State Penitentiary has developed a procedure for referring soon-to-be-released SOs to the appropriate county States Attorney(s) for further review.

Sex Offender Pre-release Staffing (SOPRS)

At 11 months prior to their expected discharge, the SO's files are researched by the following individuals: Licensed Clinical Psychologist, Director of the Treatment Department, Primary counselor, SO treatment team, and others as each case dictates.

- The goal of this intensive review is to determine if the SO's name should be sent to the identified State's Attorney for review in consideration of civil commitment as a sexually dangerous individual. Research and data-based risk assessment instruments, the Minnesota Sex Offender Screening Tool (MnSOST) and Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) are used as guides in these deliberations[10]. If the SO appears to be a sexually dangerous individual more likely than not to re-offend, his case will be reviewed by a second member of the treatment team for an independent scoring on the MnSOST-R.

Inmates shall be reviewed if they are in any of the following categories:

1. Inmate is incarcerated for a sex offense.
2. Inmate is incarcerated for a probation or parole revocation, and the original sentence was for a sex crime, and the inmate has been at liberty less than six years since the sex crime AND the revocation is for sexual misbehavior wholly or in part.
3. Inmate is incarcerated for a non-sexual crime, but has a conviction for a sex offense and has been at liberty less than 6 years since his sex offense before this incarceration, AND the inmate was not previously reviewed by this committee, in relation to the sex offense.
4. Inmate is incarcerated for a non-sexual crime, BUT the original charge was for a sex offense and was dropped or reduced in a plea agreement.
5. The SOPRS is requested by the Attorney General's office for use by the Sex Offender Risk Assessment Committee (SORAC).

[10] Hanlon, M., Larson, S., & Zacher, S. (1999). The Minnesota SOST and Sexual re-offending in North Dakota: A retrospective study. *International Journal of Offender Therapy and Comparative Criminology, 43,* pp 71-77.

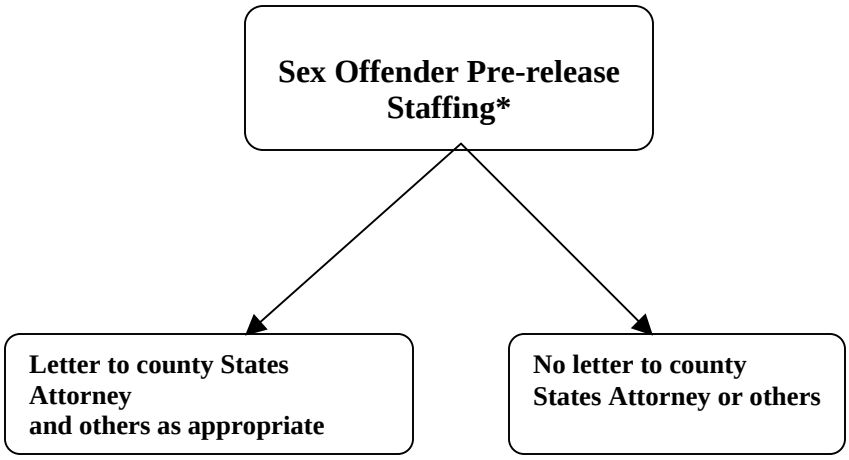
Hanlon, M. J., Bender, S., Larson, S., & Schoepp, J. (2004). The MnSOST and MnSOST-R in North Dakota; Validation and Utility. *Unpublished.* (This research was undertaken at the North Dakota State Penitentiary in Bismarck, ND. The data was presented by the first author (MJH) at the North Dakota Psychological Association spring meeting at Fargo, ND in 2003 and the Mental Health in Corrections Consortium national symposium at Kansas City in April of 2004).

At the SOPRS, the decision is made regarding notification of appropriate county States Attorney(s).

If Yes,

- A letter signed by the Licensed Clinical Psychologist and the Director of Treatment is sent to the Burleigh County State's Attorney and the State's Attorney where the crime was tried.
- The letter will read in part "…based on a review of our files and the NDSP institutional adjustment of the above named individual, the NDSP Treatment Department recommends you carefully review this individual's criminal and mental health history to determine whether you believe he should be committed as a sexually dangerous individual."
  - The medical director of the North Dakota State Hospital will be notified each time a letter is sent to a State's Attorney.
  - The warden of the NDSP will be given the names of the inmates for whom letters are sent.
  - The director of the DOCR will be given the names of the inmates for whom letters are sent.
  - The NDSP treatment department will maintain contact with the States Attorneys to gather follow up data.
  - Specific procedures are followed in the providing of records requested by States Attorneys.

If No,
No further action is taken. (See diagram below)



*Written guidelines determine who will be reviewed. Data-based "risk" ratings aid in committee deliberations.

Appendix A

Printed materials currently in use:

- Sex Offender Education
  - Freeman-Longo, R. & Bays, L. (1988). *Who and I and Why Am I in Treatment?: A guided workbook for clients in evaluation and beginning treatment.* Brandon, VT: Safer Society Press.
  - Bays, L. & Freeman-Longo, R. (1989). *Why did I do it Again?: Understanding my cycle of problem behaviors, a guided workbook for clients in treatment.* Brandon, VT: Safer Society Press.
- Sex Offender Maintenance Group
  - Freeman-Longo, R. & Bays, L. (1996). *Empathy & Compassionate Action: Issues and exercises, a guided workbook for clients in treatment.* Brandon, VT: Safer Society Press.
  - Freeman-Longo, R. & Pithers, W. D. (1992). *A Structured Approach to Preventing Relapse: A Guide for Sex Offenders*. Brandon, VT: Safer Society Press.

Psychometrics currently in use:

- **The Millon Clinical Multiaxial Inventory-III (MCMI-III)**
- **Social Avoidance and Distress Scale (SADS)**
- **Multiphasic Sex Inventory (MSI)**
- **Sex Offender Data Collection (SODC)**
- **Sexual Addiction Screening Tool (SAST).**

Appendix B

Accountability

In my sex crime, I was _____ % responsible.

0%	25%	50%	75%	100%
I	**I**	**I**	**I**	**I**
It was not my fault				I was totally Responsible

_____
Client Signature

Staff's assessment of this offender's percentage of accountability is _____ %

0%	25%	50%	75%	100%
I	**I**	**I**	**I**	**I**
No Accountability				Full Accountability

_____
Staff Signature

Appendix C: Benchmarks

	Admitting Guilt	Accepting Responsibility for Crime	Evaluation	Effects on Victims	Justifications	Institutional Behavior	Personalizing	Accepting Responsibility for Sexual Deviance	Understanding Dynamics	
SOE and SOA Month 3	0	0	0							
ISO Phase I Month 6	+1	+1		0	0	0	0			
ISO Phase I Month 13	+1	+1		+1	+1	+1	+1			
ISO Phase II Month 22	+1	+1		+2	+2	+2	+2	+1		
ISO Phase III Month 29	+2	+2		+2	+2	+2	+2	+2	+1	+
ISO Phase IV Month 37	+2	+2		+2	+2	+2	+2	+2	+2	+